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PATENT

Attorney Docket No.:BEA920000016US1

CERTIFICATION OF TRANSMISSION

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6/30/03
Date of Deposit

 Rochelle Lieberman
IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Pai

SERIAL NO.: 09/752,909

Group Art Unit: 2186

FILING DATE: December 28, 2000

Examiner: Thai, Tuan V.

FOR: Volume Data Net Backup

Commissioner for Patents
 P.O. Box 1450
 Alexandria, VA 22313
 Mail Stop: Non-Fee Amendment

Response to First Office Action

Dear Sir:

In response to the Non-Final Office Action dated April 1, 2003, Applicant respectfully requests reconsideration of the outstanding rejection(s) of the claims in view of the amendments and remarks that follow.

Please amend the application as follows:

LIEBERMAN & BRANDSDORFER, LLC*Attorneys at Law*

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FAX COVER PAGE

TO: U.S. Patent and Trademark Office

TELEFAX #: (703) 746-7239

ATTENTION: Examiner Thai

DATE: June 30, 2003

TIME: 4:55 p.m.

NUMBER OF PAGES: 11 total page(s) (including this cover)

FROM: Rochelle Lieberman, Esq.

RE: Serial No. 09/752,909

DESCRIPTION: Response to First Office Action

COMMENT:

Voice Confirmation Required:	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
Original to Follow by Mail/Courier:	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No

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AMENDMENT TRANSMITTAL LETTER

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Enclosed is an amendment in the above-identified patent application.

- A verified statement(s) claiming small entity status
- are also enclosed was submitted previously.
- A Petition for Extension of Time is also enclosed.
- An Associate Power of Attorney is also enclosed.
- No additional fee is required.
- An additional fee is required, and is calculated as shown below:

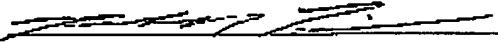
FEE CALCULATION TABLE					
	NO. OF CLAIMS	HIGHEST NO. OF CLAIMS PREVIOUSLY PAID FOR	EXTRA CLAIMS	RATE	ADDTL FEE
Total Claims	18	MINUS 20 =	0	x \$18 =	\$0
Independent Claims	3	MINUS 3 =	0	x \$84 =	\$0
If Amendment adds multiple dependent claims, add \$220.00					
Patent Extension Fee Under 37 C.F.R. §1.136(a) for _____ Months					N/A
Total Amendment Fee					
If small entity status is claimed, subtract 50% of Total Amendment Fee					
TOTAL ADDITIONAL FEE DUE FOR THIS AMENDMENT					\$0

[] A Credit Card Payment Form in the amount of \$____ is enclosed.

[] Charge \$_____ to Deposit Account No. _____

Respectfully submitted,

By:


 Rochelle Lieberman
 Registration No. 39,276
 Attorney for Applicant

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Date: June 30, 2003